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March 7, 2006

Commissioner For Patents
Office of Initial Patent Examination
Customer Service Center
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Our File: TRAUMA 3.3-437
Appln. No. 10/532,180
Filing Date: November 14, 2005
Group Art Unit: 3731

Dear Sir:

We are enclosing herewith copies of the filing receipt, executed Declaration and Application Data Sheet for the above-identified patent application.

Please note that the **third** (3rd) line of the "**Applicant(s)**" section should read as follows: --Urs **Bronimann, Biel**, SWITZERLAND--.

Kindly issue a corrected filing receipt for the above-identified application as soon as possible.

Sincerely yours,

LERNER, DAVID, LITTENBERG,
KRUMHOLZ & MENTLIK, LLP

ARNOLD H. KRUMHOLZ
Reg. No. 25,428

AHK/l
Enclosures



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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/532,180	11/14/2005	3731	1030	TRAUMA 3.3-437	6	14	2

CONFIRMATION NO. 6181

000530
 LERNER, DAVID, LITTENBERG,
 KRUMHOLZ & MENTLIK
 600 SOUTH AVENUE WEST
 WESTFIELD, NJ 07090

FILING RECEIPT



OC000000018042805

Date Mailed: 02/15/2006

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Roland Kebel, Selzach, SWITZERLAND;
 Christoph Rusch, Biel, SWITZERLAND;
 Urs Bronimann, Rue Centrale 115, SWITZERLAND;

Power of Attorney: The patent practitioners associated with Customer Number 00530.

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/CH03/00718 11/03/2003

Foreign Applications

EUROPEAN PATENT OFFICE (EPO) 02405938.8 11/04/2002

Projected Publication Date: 05/25/2006

Non-Publication Request: No

Early Publication Request: No

Title

Orthopaedic ratcheting forceps

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Preliminary Class

606

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Almost every country has its own patent law, and a person desiring a patent in a particular country must make an application for patent in that country in accordance with its particular laws. Since the laws of many countries differ in various respects from the patent law of the United States, applicants are advised to seek guidance from specific foreign countries to ensure that patent rights are not lost prematurely.

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Applicants may wish to consult the USPTO booklet, "General Information Concerning Patents" (specifically, the section entitled "Treaties and Foreign Patents") for more information on timeframes and deadlines for filing foreign patent applications. The guide is available either by contacting the USPTO Contact Center at 800-786-9199, or it can be viewed on the USPTO website at <http://www.uspto.gov/web/offices/pac/doc/general/index.html>.

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	TRAUMA 3.3-437
	First Named Inventor	Roland Kebel
	COMPLETE IF KNOWN	
	Application Number	Not Yet Assigned
	Filing Date	Concurrently Herewith
	Group Art Unit	N/A
Examiner Name	Not Yet Assigned	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am an original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ORTHOPAEDIC RATCHETING FORCEPS

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 11/03/2003 as United States Application Number or PCT International

Application
No.

PCT/CH2003/000718

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		Certified Copy Attached?	
			YES	NO	YES	NO
02045938.8	EP	11/04/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

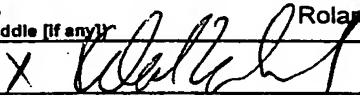
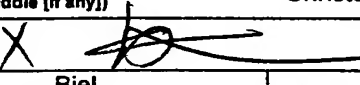
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Please type a plus sign (+) inside this box 

PTO/SB/01 (03-01)
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DECLARATION — Utility or Design Patent Application

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		000530		OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Roland				Family Name or Surname Kebel	
Inventor's Signature 				Date 3.5.2005	
Residence: City Selzach		State		Country Switzerland	
Mailing Address: Bohnackerweg 1					
City Selzach		State		Country Switzerland	
ZIP CH-2545					
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Christoph				Family Name or Surname Rusch	
Inventor's Signature 				Date 10.5.05	
Residence: City Biel		State		Country Switzerland	
Mailing Address: Rue Centrale 115					
City Biel		State		Country Switzerland	
ZIP CH-2503					
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

LD-537A

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Urs		Brönimann	
Inventor's Signature <i>X Brönimann</i>		Date <i>10.5.2005</i>	
Residence: City	State	Country	Citizenship
Biel		Switzerland	Switzerland
Mailing Address: Rue Centrale 115			
City	State	Zip	Country
Biel		CH-2503	Switzerland
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country



Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	ORTHOPAEDIC RATCHETING FORCEPS
Attorney Docket Number::	TRAUMA 3.3-437
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	6
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Roland
Family Name::	Kebel
City of Residence::	Selzach
Country of Residence::	Switzerland
Street of mailing address::	Bohnackerweg 1
City of mailing address::	Selzach
Country of mailing address::	Switzerland
Postal or Zip Code of mailing address::	CH-2545

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Christoph
Family Name:: Rusch
City of Residence:: Biel
Country of Residence:: Switzerland
Street of mailing address:: Rue Centrale 115
City of mailing address:: Biel
Country of mailing address:: Switzerland
Postal or Zip Code of mailing address:: CH-2503

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Urs
Family Name:: Brönimann
City of Residence:: Biel
Country of Residence:: Switzerland
Street of mailing address:: Rue Centrale 115
City of mailing address:: Biel
Country of mailing address:: Switzerland
Postal or Zip Code of mailing address:: CH-2503

Correspondence Information

Correspondence Customer Number:: 000530

Representative Information

Representative Customer Number:: 000530

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/CH2003/000718	11/03/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
European Patent Office	02045938.8	11/04/02	Yes

Assignee Information

Assignee name:: Stryker Trauma S.A.
 Street of mailing address:: Bohnackerweg 1
 City of mailing address:: Selzach
 Country of mailing address:: Switzerland
 Postal or Zip Code of mailing address:: 2545